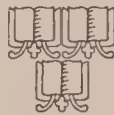


LESSONS  
*from*  
THE LIFE OF  
Florence Nightingale

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FLORENCE NIGHTINGALE

Born in Florence, Italy, May 12th, 1820 ; died in London  
August 13th, 1910

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## SANTA FILOMENA

*By* HENRY WADSWORTH LONGFELLOW

Whene'er a noble deed is wrought  
Whene'er is spoke a noble thought  
Our hearts, in glad surprise,  
To higher levels rise.

The tidal wave of deeper souls  
Into our inmost being rolls  
And lifts us unawares  
Out of all meaner cares.

Honor to those whose words or deeds  
Thus help us in our daily needs.  
And by their overflow  
Raise us from what is low!

Thus thought I, as by night I read  
Of the great army of the dead,  
The trenches cold and damp,  
The starved and frozen camp.

The wounded from the battle-plain  
In dreary hospitals of pain,  
The cheerless corridors,  
The cold and stony floors.

Lo! in that house of misery  
A lady with a lamp I see  
Pass through the glimmering gloom,  
And flit from room to room.

And slow, as in a dream of bliss,  
The speechless sufferer turns to kiss  
Her shadow, as it falls,  
Upon the darkening walls.

As if a door in heaven should be  
Opened and then closed suddenly,  
The vision came and went,  
The light shone and was spent.

On England's annals, through the long  
Hereafter of her speech and song  
That light its rays shall cast  
From portals of the past.

A Lady with a Lamp shall stand  
In the great history of the land  
A noble type of good  
Heroic womanhood.

Nor even shall be wanting here  
The palm, the lily and the spear  
The symbols that of yore  
Saint Filomena bore.



# Lessons from the Life of Florence Nightingale

## Chapter I.

The presence of thousands of daughters of Florence Nightingale in the regions devastated by the great world war, and the great service to humanity which they have rendered, have turned the thoughts of many to that other battlefield where the great need of the world for trained nurses was first impressed on the hearts of the people—an impression never to be effaced while there are suffering human beings requiring skilled care and service.

Sixty odd years ago, at the outbreak of the Crimean war there were no women nurses to minister to those who had been wounded in the service of their country. Woman's ministry was sorely needed but not wanted by those in active command of military affairs at the seat of war: It remained for Florence Nightingale to teach the world one of its greatest lessons—a lesson from which future generations will reap increasing benefits. When the Crimean war closed, the foundation was begun on which the structure of modern nursing was to be reared.

In every age, the world has had its heroes, and Florence Nightingale would have been the last to wish to give the impression that there were not many splendid women devoting themselves to the care of the sick long before she was born. They were not trained women according to modern ideals of training, but there were women of gentle birth and breeding, refined and accomplished who served the sick with singleness of heart and rare devotion. The world will always owe its debt of gratitude to the Roman Catholic Sisters



and the Deaconesses of other churches, whose tender ministries to the sick in hospitals and home, did much to lessen the sum of human suffering in the years before Miss Nightingale's great work was begun.

No one who reads the story of the beautiful life of Florence Nightingale can fail to be impressed with the fact that the dominant motive of that life was—SERVICE. (It has been aptly said that one of the first and most important lessons that a nurse needs to learn, is to spell SELF with a little s. In this she has a worthy example for forgetfulness of self seems to have been characteristic of Florence Nightingale all through her life.) Service to humanity—especially service to the sick and distressed part of humanity—seems to have made its strong appeal to her almost from childhood. Organization for service, education and training for service, plans for service in a hundred different ways—filled her life, and the story of her many-sided activities, as revealed by her official biographer—has been a surprise to those who have thought of her only in connection with nursing. While she will always be best remembered as the founder of modern nursing, her great efforts in improving sanitary conditions in India, in which she labored unceasingly for many years with officials in the War Department, and her work in behalf of reform in the management of work-houses in England, were closely interwoven with her work in behalf of better nursing for the sick. Her voluminous correspondence and her literary work seem in themselves to have been sufficient to occupy her full time, after her return from the Crimea.

The popular idea of Florence Nightingale has been drawn largely from the pen picture of Longfellow in *Santa Filomena*, but it is far from being a true picture of her life. To fully appreciate her character and in-

fluence one must study to some extent, not alone the social and sanitary conditions that prevailed in her earlier life, but the habits of thought and even the etiquette of the times, during which her chief work was being accomplished. Of these conditions her biographer says:

“Now that the fruits of Florence Nightingale’s pioneer work have been gathered, and that nursing is one of the recognized occupations for gentlewomen, it is not altogether easy to realize the difficulties which stood in her way. The objections were moral and social, in large measure rooted to conventional ideas. Gentlewomen, it was felt, would be exposed, if not to danger and temptations, at least to undesirable and unfitting conditions. ‘It was as if I had wanted to be a kitchen maid,’ Miss Nightingale herself said in later years. Nothing is more tenacious than social prejudice. But the prejudice was in part founded on very intelligible reasons and in part was justified by the level of nursing as an occupation at that time. It will suffice to say that though there were better-managed and worse-managed hospitals, yet there was strong evidence to show that hospital nurses had opportunities which they freely used, for ‘putting the bottle to their lips’ when so disposed, also that other evils were more or less prevalent.

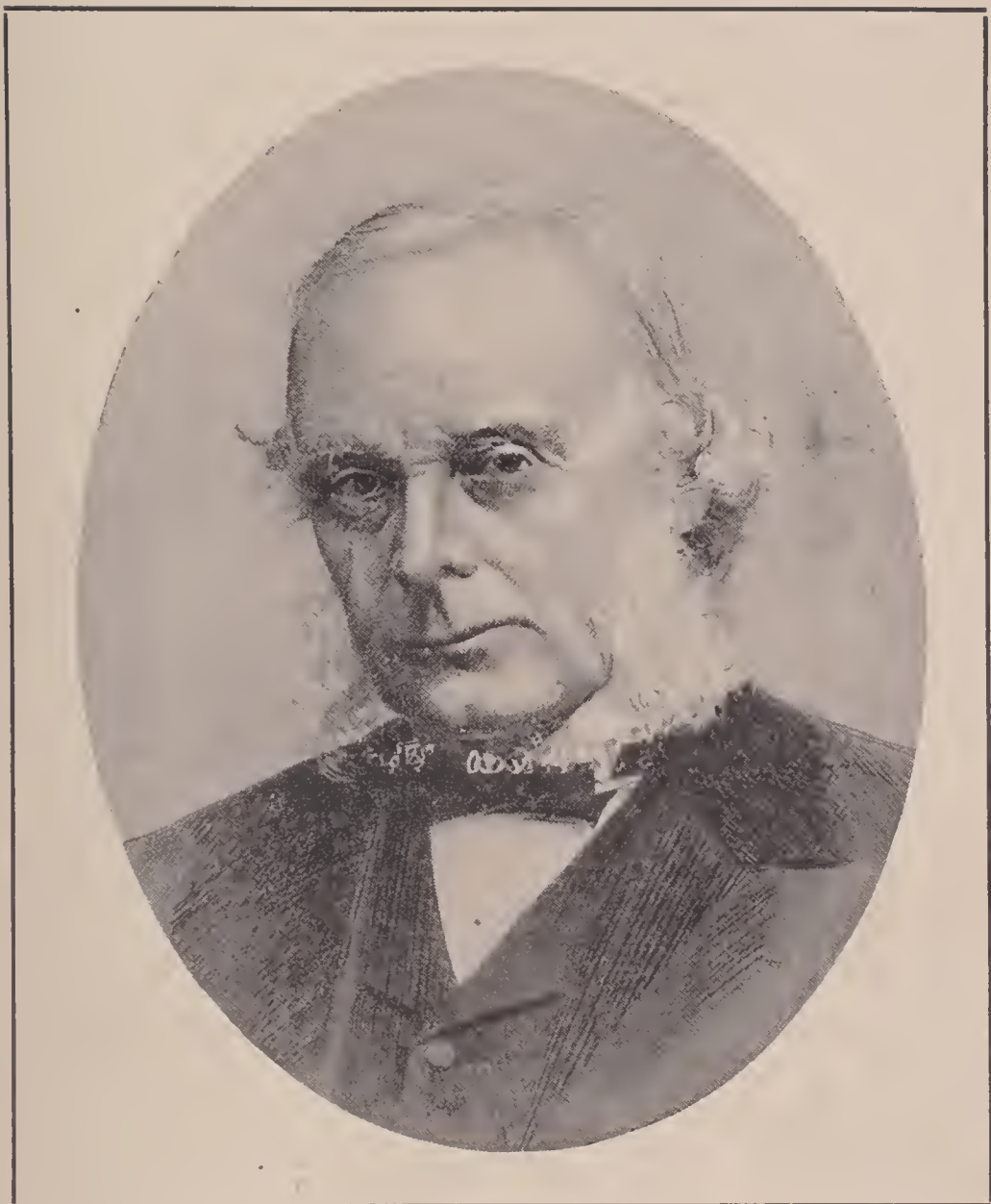
“The more she heard of the worst, the more was Florence Nightingale resolved to make things better; but the more her parents heard, the greater and more natural was their repugnance. Somebody must do the rough pioneer work of the world; but one can understand how the parents of an attractive daughter, to whom their own life at home seemed to them to open many possibilities of comfortable happiness, came to desire that in this case the somebody should be somebody else.”

It is difficult to study her life without feeling that she was sent into the world especially to accomplish the great tasks to which in early middle life, her powers were chiefly devoted. It should, however, be always remembered that during this period others besides Miss Nightingale were making their contribution to better nursing and better sanitary conditions in hospitals, and in the world outside. (Lord Lister, who ushered in the new era of antiseptic surgery, was seven years younger than Florence Nightingale. "He and she, each in the manner in which Nature or Providence fitted them, were simultaneously inaugurating the new era, he the foster father, she the foster mother of myriads of this generation and unthinkable millions of those who are to be." His methods demanded the trained nurse both for surgery and midwifery, both for the battlefield where life is destroyed, and for the lying-in room where it is ushered into separate existence. Her work was to provide the training and the principles, the ideals, the enthusiasm, and the tiniest, humblest details, whereby the modern nurse is made.")

Apart entirely from the generally undesirable type of women (there were many exceptions) found in charge of the care of the sick when Florence Nightingale began her work, were the generally undesirable conditions which existed before Lord Lister's antiseptic methods were inaugurated in 1868. Erysipelas, gangrene, pyemia, and septicemia were common complications of surgery and the death rate of maternity patients in hospitals was appalling. A nurse who was one of the pioneers in improving the care of the sick, thus describes her experience when she entered for training in an English hospital:

"New methods of nursing as well as of surgery had to contend with tremendous difficulties in the way of





LORD LISTER

bad buildings, bad ventilation, old-fashioned furniture, and lack of apparatus.

“The utensils, which in the hospitals of today are of white earthenware or enamel, were of exceedingly battered tin, almost entirely denuded of their original covering of black japan, and it was absolutely impossible to keep some of them clean and sweet. Smells abounded. I have seen a visiting surgeon run through a ward to escape them, and during my first week I was much puzzled by the existence of a horrible smell in one corner of the children’s ward. I privately investigated the floor and under the beds, but could find nothing to account for it, but discovered at last that it came from a patient—a child with a diseased bone of the face, a case which nowadays would be antiseptically treated and probably isolated.

“Under the old regime the nurses had, as a rule, no uniform dress, and cooked their own meals, which they bought for themselves, in the ward kitchens or scullery, and these conditions did not at once pass away.

“The antiseptic treatment of wounds was coming into general use, and the particular method of the moment, which had been advocated by Dr. Lister, was a sort of model steam-engine, which could be carried about and placed on a table or stand by the side of a patient’s bed. When a wound was to be attended to, before the dressings were removed a lamp in this apparatus was lighted. A strong spray of diluted carbolic acid then played over the wound the whole time it was being dressed, much to the discomfort of the doctors and nurses, whose hands would be stiff with the carbolic and their ears dulled with the constant hissing and fizzing of the machine. Everything was

saturated with carbolic at that time, wool, bandages, lint, gauze, etc., but in the course of a few years this treatment was entirely superseded.

“Operations were comparatively free and easy performances. We nurses wore our ordinary dresses, and were kept busy washing sponges, which were used again and again, though they were boiled between the operation days. In the medical wards enteric cases were indiscriminately mixed with others, and tuberculosis patients stalked about and expectorated freely.”

Nurses of today, in common with the rest of the world, owe a greater debt of gratitude than most of them realize to Lord Lister who, by his surgical experiments, and his demand for trained nurses, helped so much in laying the foundations for the trained nursing of today. Other workers in the realm of bacteriology were aiding greatly in the remarkable developments which medicine and surgery were making in that period.

### THE SPIRIT OF VOCATION.

An English writer, Miss Margaret Fox, in an address to nurses has called attention to the great need of the spirit of vocation in the nurses of today. “Look at it what way you will,” she states, “the fact remains that nursing is work demanding something more than mere business qualities, more than an active intelligence, more than even sympathy and kindness of heart. The latter, precious though it is, may be worn very threadbare in the constant daily contact with all sorts of unlovely natures suffering from every variety of trying ailment. Patients are not all grateful, or appreciative, and you will find some of them by no means ready to kiss your shadow as you pass on your rounds. Sometimes they are inclined to grumble because they



do not immediately get all they want. Their disease may make them irritable, captious even, sometimes, repulsive. These people need more than ordinary everyday good qualities in a nurse. They need one who, over and above her professional ability, looks upon her work as a vocation, 'a calling by the will of God.' It was that spirit which made the best of the pioneers of other days what they were. Nursing was undertaken by them as a definite life-work. It cost them so much to enter upon it, that they were unlikely to throw it up without some very cogent reason. Work was not then considered so much a means to an end. It was the ultimate achievement. Nursing is a mission; and wherever it is done, it needs the same spirit of true vocation to do it well, and to persevere in spite of difficulties.

"There would be fewer restless, discontented nurses, if each possessed the spirit of vocation. It is a spirit that gives one the calm, quiet feeling of being in the only possible place and doing the only possible work. It stirs in one a large-hearted charity towards all such as be sorrowful, sick or poor. It makes one feel, 'Well, whoever fails, I must not.' It helps wonderfully when things are crooked and the work is hard, or uninteresting. One simply can't help making things look nice, or doing the little extra bit which just makes all the difference."

The motives which influence an individual to undertake a task are tremendously important factors in real and full success, and it is well, in such work as nursing, that all who enter on it analyze carefully their own motives in so doing.

There can be no mistaking the motives which led Florence Nightingale to enter on her career under the distressing conditions which then prevailed. Born



and reared in refined surroundings, in an intellectual atmosphere, with all the educational advantages the times afforded, if she had fulfilled parental and popular expectations, she would have been satisfied to have spent her girlhood life chiefly in a round of gay social functions, with ample leisure for study and travel, and to have married at an early age a man belonging to her own social circle. That she was not satisfied with this sort of existence is seen in this typical extract from one of her letters, written when she was twenty-six years of age: "The thoughts and feelings that I have now," she wrote, "I can remember since I was six years old. It was not *I* that made them. A profession, a trade, a necessary occupation, something to fill and employ all my faculties, I have always felt essential to me, I have always longed for, consciously or not. \* \* \* The first thought and the last thought I can remember was nursing work, but for this I have had no education myself. \* \* \* " Later she wrote: "In my thirty-first year I see nothing desirable but death. Why do I wish to leave this world? God knows I do not expect a greater heaven beyond, but that He would now set me down in St. Gile's, or at a Kaiserwerth, there to find my work, and my salvation in my work."

To her, life was earnest—it was a serious thing, and her struggle for many long, weary years to free herself, to overcome the obstacles that closed in around her, so that she might accomplish the kind of work she felt God wanted her to do—her long-continued effort to gain her relatives' consent for her to even attempt nursing—forms one of the most interesting chapters in her life story. Nursing to her was always "God's business."

How much this sense of vocation, this strong feeling that she was called to do the will of God in this form of service, had to do with her success, no one can fully determine, but that it helped tremendously in carrying her over difficult places cannot be doubted. As one looks back over her wonderful life and tries to discern the secret of her remarkable influence, one cannot but feel that the spirit in which she did her work, her absolute devotion to the cause to which she was giving her best powers, accounts in large measure for her name being honored, and her memory kept green all over the civilized world. "The sweetest character in all British history," was a noted man's comment on her, yet the sweetness was always combined with strength, and courage, and a quiet determination not to give up because things were harder or more difficult than she had expected. Her work was not lightly undertaken, and as lightly abandoned, as nursing is by many young women today.

One of the outstanding qualities of this great woman was her individuality, a quality which some one has aptly said is close kin to honesty. She did her own thinking, and the results of that independent thinking were evident all through her career. In commenting on this quality of individuality, a recent writer, Byron H. Stauffer, has said:

"It burst out in a letter written when she was eight, which she closes with: 'My love to all except Miss W—.' It developed in her despising, early in life, the silly conventionalities of the high society of the day. It sparkled in explaining why she tittered during a ritualistic service: 'The rector was praying "That it may please Thee to have mercy on all men," and the ridiculousness of that prayer broke upon me. Think of it! If I asked you to have mercy on your own boy,

you'd knock me down.' Another instance of her non-conformity to the religious conventions lies in her declaration: 'I never prayed for George IV; I always thought that people were very, very good who could pray for him. It was a wonder to me how he could possibly be any worse if nobody prayed for him. I prayed a little for William IV. For the young Victoria I prayed with rapture.' "

### THE PRICE OF SKILL.

One of the tendencies of this age in nurses is to expect and apply for positions of responsibility for which they have not taken any special or definite pains to fit themselves. Their estimate of their own ability is often much greater than conditions justify; they often want the best positions without paying the price of special skill. The determination of Florence Nightingale to secure for herself the best instruction the world afforded at that time, and her conviction that if she was ever to accomplish anything worth while she must first learn all that was possible under the circumstances for her to learn about the business of caring for the sick, is a fine example for those who really desire to do worth while things in this world.

It has been well said that ability depends greatly on preparation, and that opportunity is largely dependent on ability. It was by no accident that Florence Nightingale became "the angel of the Crimea." Nothing that she could do to fit herself for such a task had been omitted, though she could not know how great were the opportunities that were to be afforded her to use the knowledge and experience she was so determined to secure. She fully realized that to do good required more than good desires or intentions. To do good in the way that she wished required some



skill. To be the best possible nurse, to fit herself in the best way, however long it might take, or how hard the way might be, meant much greater difficulties than it could possibly mean now.

When in later years she expressed herself as follows, she was simply expressing the convictions which had been with her all through life:

“Nursing is an art, and if it is to be made an art, it requires as hard preparation as is required for any painter’s or sculptor’s work; for what is having to do with dead canvas or cold marble compared with caring for the living body?”

How to obtain the needed skill was a problem which she had studied for many years. The difficulties and moral dangers that stood in the way of a refined woman securing experience in nursing in a hospital seemed for years insuperable, and can hardly be appreciated by the nurses of today.

### AT KAISERWERTH.

Through a friend, Miss Nightingale learned of an institution for deaconesses at Kaiserwerth, Germany, where there was a school, a hospital and a prison, under the management of deaconesses. It had a decidedly higher tone and reputation than prevailed in hospitals in general, she was told; and Pastor Fliedner’s annual reports of the work of the institution were eagerly studied, and used to silence parental objections. The opportunity to spend a few months at Kaiserwerth was delayed, but finally came when her mother and sister, in search of health, went to Carlsbad, and to travel. In commenting afterward on the new departure of giving some months of training in the care of the sick, inaugurated at Kaiserwerth, Miss Nightingale called special attention to the fact that



the Kaiserwerth institutions had begun, not with programs or fullfledged schemes set forth in a prospectus, but with individual cases and personal devotion—and later years showed that her own great work began, also, not with a prospectus or prearranged program, but with actual doing of the thing she felt needed to be done when the opportunity came. The real training in nursing given at Kaiserwerth was far from satisfactory to her, but the atmosphere, the spirit of consecrated service, impressed her deeply.

Later she returned to Kaiserwerth for further apprenticeship in nursing and followed this experience by spending some time in the hospitals of Paris presided over by the Roman Catholic sisters. It is very evident that she did not expect to have everything she wished to know, prepared and presented to her to study. Her powers of observation were wonderful, and she proved an indefatigable collector of pamphlets, reports, statistics, methods of work and plans of hospital organization and management.

One criticism which is often heard of present day nurses in training is that they so quickly get into ruts in the matter of observation—that they see so much in a hospital ward which they fail to *perceive*—that they fail to gather practical knowledge pertaining to their work which is all around them waiting to be picked up. If Florence Nightingale had been the type of woman who had to have all the nursing knowledge which she obtained duly imparted to her by somebody else appointed for that purpose, her influence on the conditions which then prevailed would have been small indeed. Instead, she was constantly getting hold of facts, reading medical books, continually studying into the “why” of things, and how they might be improved, so that better general results might be obtained in the care of the sick. Her private notebooks

were filled with facts, ideas, and suggestions gathered here, there and elsewhere, which she was later to use in laying broad foundations for the improvement of nursing, and of hospital management in general. Her attention to small details, as found in her notebooks preserved to the present day, was characteristic of all her work, and accounts in no small degree for its success.

### TACT AND SENSE OF HUMOR.

Among the indispensable qualities for successful nursing, we place "TACT" very close to the top of the list. To get along with people without friction, to get needful things done without arousing antagonism, to have that keenness of perception, that ready power of appreciating and of doing or saying what is most fitting under the circumstances; to maintain, withal, that quality of mind which enables one to see the humorous side to otherwise difficult situations, are qualities to be coveted by every nurse.

How Florence Nightingale succeeded in managing committees with whom she had to work, as well as the sense of humor which helped to carry her over difficult situations, are admirably shown in extracts from her private letters, written soon after she returned from Kaiserwerth. She had been importuned to undertake the management of an institution known as an "Establishment for Gentlewomen During Illness," which had been started, but had been so grossly mismanaged that it had been threatened with closure. A change of location had finally been decided on when Miss Nightingale agreed to undertake its management. One of the first difficulties which confronted her is described in the extract from a private letter to a friend which follows:

“My committee refused me to take in Catholic patients—whereupon I wished them good morning, unless I might also take in Jews and their Rabbis to attend them. So now it is settled, *and in print*, that we are to take in all denominations, whatever, and allow them to be visited by their respective priests and Muftis, provided *I* will receive (in any case whatsoever that is *not* of the Church of England) the obnoxious animal at the door, take him upstairs myself, remain while he is conferring with his patient, make myself responsible that he does not speak to, or look at, any one else, and bring him downstairs in a noose, and out into the street. And to this I have agreed! And this is in print!

“Amen. From committees, charity and schism—from the Church of England and other deadly sins—from philanthropy and all the deceits of the Devil—Good Lord deliver us!”

To her father in 1853, she wrote another characteristic letter which affords a glimpse of the experience in “managing” people she was getting at this time, and which was later to be most helpful in her great task of helping to reorganize the affairs of the army hospitals. In this letter, she says:

“You ask for my observations upon my line of statesmanship. I have been so very busy that I have scarcely made any resume in my own mind.

“When I entered into service here, I determined that, happen what would, I never would intrigue among the committees. Now I perceive that I do all my business by intrigue. I propose in private to A, B or C, the resolution I think A, B or C most capable of carrying in committee, and then leave it to them, and I always win. \* \* \* I have observed that the opinions of others concerning you depend not at all, or very little, upon what *you* are, but upon what *they* are.



“Last General Committee I executed a series of Resolutions on five subjects and presented them as coming from medical men:

“1. That the successor to our house surgeon (resigned) should be a dispenser, thus saving our bill at the druggists of 150 pounds per annum.

“2. A series of House Rules, of which I send you the rough copy.

“3. A series of resolutions about not keeping patients.

“4. A complete revolution as to diet, which is shamefully abused at present.

“5. An advertisement for the Institution.

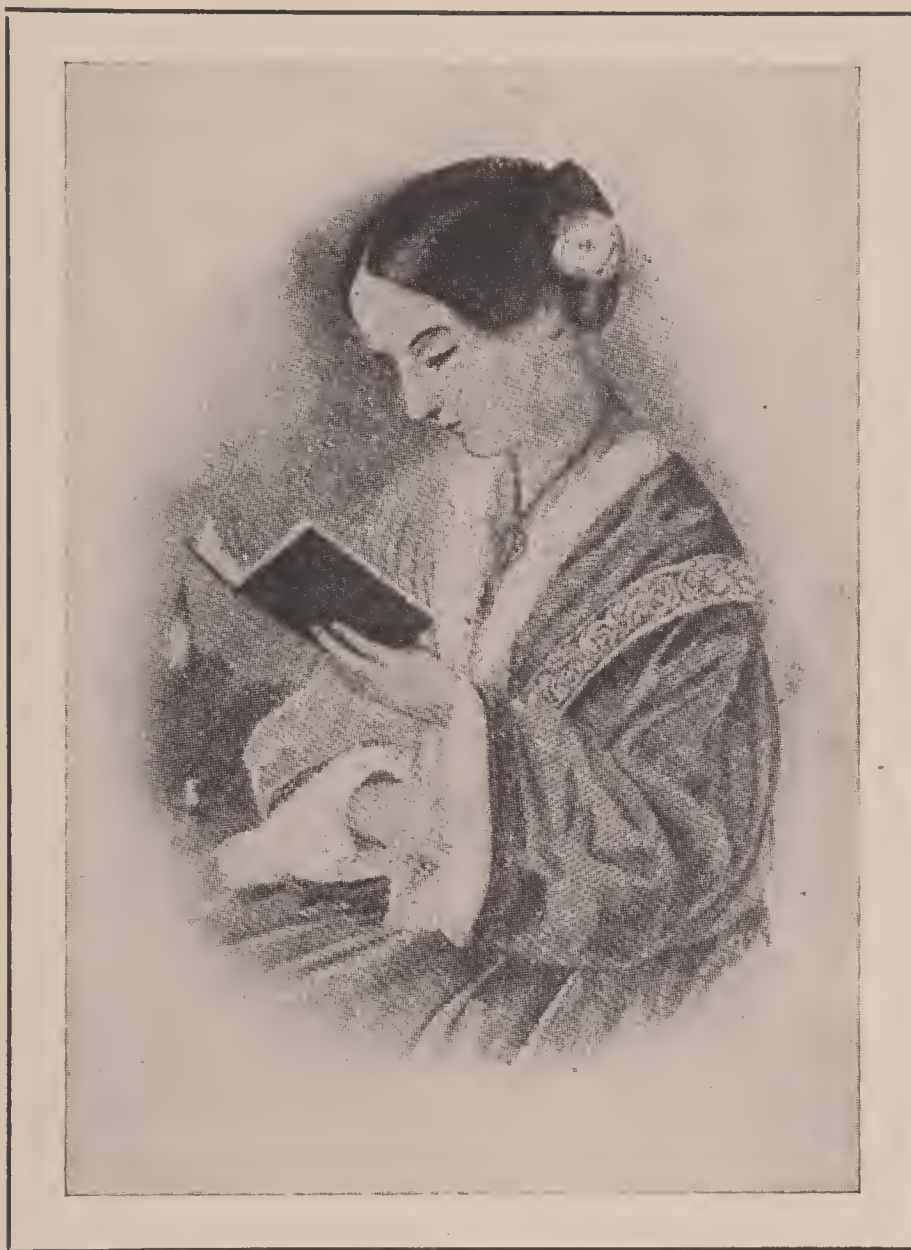
“All these I proposed and carried in committee without telling them that they came from me, and not from the medical men; and then, and not till then, I showed them to the medical men, without telling them that they were already passed in committee.

“It was a bold stroke, but success is said to make an insurrection into a revolution. The medical men have had two meetings upon them and approved them all, and thought they were their own. And I came off with flying colors, no one suspecting my intrigue.

“I have also carried my point of having good, harmless Mr. ——— as chaplain, and no young curate to have spiritual flirtations with my young ladies. So much for the earthquakes in this little mole-hill of ours.”

Happy though Miss Nightingale was in this new work, it did not offer her the wide opportunity for training nurses, which she greatly longed to do—somewhat along the lines pursued at Kaiserwerth.





# The Call to Service in the Crimean War

## Chapter II.

When the Crimean war broke out in 1854, it can easily be imagined that there was no woman in England so well fitted to take charge of the chaotic situation which soon developed in regard to the care of the wounded. The employment of women nurses in the army was an entire innovation. It excited jealousy in medical men, and strong criticism from military officers. In spite of the fact that the idea was certain to be branded as unwomanly by her own sex, and by the world in general, she offered her services, and her letter crossed in the mails a formal offer from Sir Sidney Herbert of the War Department of the position of director of a party of women nurses who were to be sent to nurse the sick. From France, a devoted company of Sisters of Charity had gone, who were rendering excellent service to the wounded, and it was felt by some officials who were not bound hand and foot by routine and precedent, that a company of women nurses from England might be sent to assist in the emergency that had arisen. Her services at this time are well known. The main facts were tersely summed up in the following paragraphs, published at the time of her death:

“The death rate at Scutari was 42 per cent. In one hospital it rose to 56. Eighty per cent of those whose limbs were amputated died of gangrene. The sick list amounted to over 13,000. In the Turkish barracks on the Bosphorus there were two miles of sick beds, in a double file along the corridors. The rats ran over the wounds of the helpless patients.

“Miss Nightingale assembled a party of 41 volunteer nurses, including ten Catholic nuns and eight sisters of mercy of the Anglican church, and took them to the Crimea. Upon her arrival at Scutari the “Lady of the Lamp” went straightway to work to bring order out of confusion, life out of the jaws of death, heaven on earth from a veritable hell. The day after her arrival they brought in the wounded survivors of the charge of the Light Brigade at Balaklava; the next day came the wounded from the bloody field of Inkerman. ‘Red tape’ insisted that all stores should be inspected ere being issued to the troops. When she found that the inspection would take three days Miss Nightingale broke down the doors and commandeered the supplies. She had soon reduced the death rate from 42 to 2 per cent. The wounded and the dying followed her with their eyes in her progress from cot to cot, as though she were an angel visitant. When, at the close of the war, a dinner was given the military and naval officers, those present voted for the one whose services would longest be remembered by posterity. There was but one name on every slip of paper—that of Florence Nightingale.

“She went back to England under an assumed name, and reached her home before it was known that she had left Turkey. The queen sent for her and thanked her in person at Balmoral. Every soldier in the army contributed a day’s pay to a fund of \$250,000 for their benefactor, but she gave it all to found the Florence Nightingale Training School for Nurses in London. The Geneva convention and the Red Cross Society were the eventual outcome of her labors in the east.”

The difficulties which she had to contend with can never be fully appreciated at this time when women’s



service as nurses in the army in most civilized countries is well established. Her biographer writing of that period says:

“Miss Nightingale’s work in the Crimea was attended by ceaseless worry. She had to fight her way into full authority. She knew that she would win, but her enemies were active, and were for the moment in possession of the field. ‘There is not an official,’ she said, ‘who would not burn me like Joan of Arc, if he could, but they know that the War Office cannot turn me out because the country is with me. \* \* \* The real grievance against us is that though subordinate to the medical chiefs in office, we are superior to them in influence, and in the chance of being heard at home.’ ”

It is not easy to suggest the many qualities of character in Miss Nightingale which the experiences in the Crimea brought out into bold relief—qualities which are just as much needed in nursing today as they were then. Her unflinching endurance of the hardships which the conditions forced upon her; her generous recognition of the work of others; her thoughtful care of the nurses who had been entrusted to her, under the most difficult conditions—should be remembered quite as much as her wonderful organizing qualities, her keen insight into situations, and her general ability to produce results—to bring things to pass. It was a recognition of these latter qualities that led Queen Victoria to exclaim: “Such a clear head! I wish we had her at the War Office.”

After the war was over and a general inquiry as to conditions and methods of sanitary improvement in regard to the army had been started in London, an army doctor writing of her said: “It may surprise many persons to find from Miss Nightingale’s evidence that, added to feminine graces, she possesses



not only the gift of acute perception, but that on all the points submitted to her she reasons with a strong, acute, most logical, and if we may say so, *masculine intellect*, that may well shame other witnesses. They mander through their subject, as if they had by no means made up their minds on any one point—they would, and they would not; and they seem almost to think that two parallel roads may sometimes be made to meet, by dint of courtesy and good feeling, amiable motives that should never be trusted to in matters of duty. When you have to encounter hydra-headed monsters of officialism and ineptitude, straight hitting is the best mode of attack. Miss Nightingale shows that she not only knows her subject, but feels it thoroughly. There is, in all she says, a clearness, a logical coherence, a pungency and abruptness, a ring as of true metal, that is altogether admirable.”

To have failed in appreciation of the part her assistant nurses played, during the excitement of war-time conditions, would have been easy and, to a degree, excusable—but she did not fail. To take the whole credit for achievement to oneself is a very human failing, but it was not one of Florence Nightingale’s failings.

One illustration of her appreciation of her associates in the campaign shows this characteristic plainly. Of one woman whom she had placed in a position of more than ordinary responsibility, she wrote: “Without her, our Crimean work would have come to grief—without her judgment, her devotion, her unselfish, consistent looking to the one great end—the carrying out of the work as a whole—without her untiring zeal, her accuracy in all trusts and accounts, her truth, her faithfulness. Her praise and reward are in higher hands than mine.”

In describing to the Secretary of State certain sanitary reforms which she carried out in the hospitals of Scutari, she wrote: "I must pay my tribute to the instinctive delicacy, the ready attention of orderlies and patients during all that dreadful period. For my sake they performed offices of this kind (which they neither would for the sake of discipline, nor for that of importance to their own health, which they did not know), and never was there one word nor one look which a gentleman would not have used; and while paying this humble tribute to humble courtesy, the tears come into my eyes as I think how amidst scenes of loathsome disease and death, there rose above it all the innate dignity, gentleness, and chivalry of the men, shining in the midst of what must be considered the lowest sinks of human misery, and preventing, instinctively, the use of one expression which could distress a gentlewoman."

It is easy to think of Miss Nightingale as a great organizer and executive—it is less easy to imagine how she found time to give the personal attention to the individual patient that she did give. "She was wonderful," said one, "at cheering up any one who was a bit low." In the midst of her manifold responsibilities she found time to write hundreds of letters, to relatives at home, for those unable to write, and to instill in the nurses associated with her the same spirit. There was nothing mechanical in the nursing of that period. Every patient was a human being with relatives and anxious friends rightfully interested, who must be kept informed as to his condition, as far as possible.

### TEACHING A COUNTRY BY DEMONSTRATION.

Nowadays when women of many classes are contending that legislation is necessary before real re-

forms can be brought about, it is interesting to note that Florence Nightingale's reforms were initiated mainly by demonstration of the way a thing could be accomplished. Her biographer, in writing of this, says that "it was a common belief of the time that it was in the nature of the British soldier to be drunken. The same idea was entertained of the British nurse. Miss Nightingale utterly refused to believe it." Writing to a friend, while in Scutari, she remarks: "I have never been able to join in the popular cry about the recklessness, sensuality and helplessness of the soldiers. On the contrary, I should say that I have never seen so teachable and helpful a class as the army generally. Give them opportunity, promptly and securely, to send money home and they will use it. Give them schools and lectures and they will come to them. Give them books and games and amusements and they will leave off drinking. Give them suffering and they will bear it. Give them work to do and they will do it."

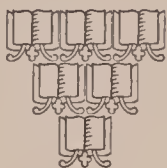
Acting on this belief, we find Miss Nightingale, in addition to her work in improving the nursing in the army, arranging plans by which soldiers might remit money to their relatives, by forming an extempore money order office where, on four afternoons each month, she personally received money from soldiers and arranged for sending it to relatives in England. Soon the government took the hint which she thus gave them—and established money order offices at different points where the troops were stationed.

Along the same practical line was her effort to combat the drink habit by establishing a coffee house, the details of which she arranged. Her next practical step was the establishment of reading rooms and class rooms—which were fitted up with textbooks, copy books, prints, maps, games, etc., secured from per-



sonal friends in the home land. On her request, two schoolmasters were sent out from England to take charge of "the education of the army."

Scarcely had she returned from the Crimea than she began her long campaign for better sanitary conditions in the army, wherever it might be called in the future. "We can do no more," she said, "for those who have suffered and died in their country's service; they need our help no longer; their spirits are with God who gave them. It remains for us to strive that their sufferings may not have been endured in vain—to endeavor so to learn from experience as to lessen such sufferings in future by forethought and wise management."



# “Notes on Hospitals”

## Chapter III.

“It may seem a strange principle to enunciate,” wrote Miss Nightingale in 1863, “as the very first requirement in a hospital that it should do the sick no harm. It is quite necessary, nevertheless, to lay down such a principle, because the actual mortality in hospitals, especially in those of large crowded cities is very much higher than any calculation founded on the mortality of the same class of diseases among patients out of hospitals would lead us to expect.”

At the time Miss Nightingale returned from the Crimea, the death rate in hospitals was lamentably high, and it was but natural that she should turn her attention to remedying such conditions, or at least to call attention to them. In 1858 her book, “Notes on Hospitals,” was issued. A noted man in acknowledging receipt of a copy stated that it appeared to him to be the most valuable contribution to sanitary science in application to medical institutions, that he had ever seen. In this book we find her calling attention to overcrowding, lack of drainage under hospitals, to ventilation, to the necessity of having non-absorbent floors and walls, to the desirability of iron beds, hair mattresses, and glass or earthen ware cups, instead of tin—also to needed improvements in hospital kitchens and laundries, to the curative effects of light—all of which ideas are today regarded as essentials in hospitals, but which were then years in advance of general practice. It is easy to point out defects—not always so easy to produce practical plans for correcting them, but Miss Nightingale not only called attention to the defects but at the same time showed how to remedy them. In the second edition of the book she enumerated “Sixteen Sanitary Defects in the Construction of

Hospital Wards"—accompanying each statement with definite plans for correcting the defect. The publication of this little book on hospitals brought to her numerous requests for consultation regarding the construction of new hospitals which were being planned and more than a dozen hospitals constructed, soon after that time, had the benefit of her advice and detailed consideration of the architect's plans. The questions as to the desirability of pavilion construction and whether a hospital should be built in the midst of a well-populated section, and among the class of people it is expected to serve—or in a more distant location, where better light and air are to be had—which are still debated among hospital people, were then as hotly debated as now. It was not unusual to find her making out the main specifications for an entire hospital building regarding which her advice had been sought, and architects and sanitary engineers were very glad to be able to quote her approval of their plans. Sir Edward Cook, her biographer, states that "in its day, Miss Nightingale's *Notes on Hospitals* revolutionized many ideas, and gave a new direction to hospital construction."

### "NOTES ON NURSING."

Between the return of Miss Nightingale from the Crimea, and the starting of the first real training school for nurses some three or four years elapsed, which were largely devoted to the securing of better sanitary conditions for the army—and in tedious and exhaustive work with military officials and legislators, in addition to her work in improving hospital buildings and methods.

During this time, her book, *Notes on Nursing*, was issued, in order to deepen the impression she was trying to make, that nursing skill was not something



simply to be “picked up” by any woman, but that it required special gifts, special training—training by precept, as well as by example. The book furnished the precept teaching for that time, and was immensely popular. It is safe to say that no book on nursing which has appeared since, or which probably ever will appear, was received with the enthusiasm, that this book of hers aroused among all sorts of people, from the queen down to the laborer’s wife. In many ways, it was a remarkable book—remarkable in the underlying principles set forth, now, well understood and accepted, yet then a new story—and remarkable for its keen appreciation of the needs of the sick. Nurses of today, even graduates, might very profitably try to really learn and practice some of the lessons contained in that little book, written more than half a century ago. Her gospel of fresh air, and its application to health, was a new gospel at that time—yet after all these years it is still unheeded in many homes.

#### QUOTATIONS FROM HER “NOTES ON NURSING.”

“Do you ever go into the bedrooms of any persons of any class, whether they contain one, two or twenty people, whether they hold sick or well at night, or before the windows are opened in the morning and ever find the air anything but unwholesomely close and foul? And why should it be so? During sleep the human body even when in health, is far more injured by the influence of foul air than when awake. Why can’t you keep the air all night, then, as pure as the air without in the rooms you sleep in? But for this you must have sufficient outlet for the impure air you make yourselves, to go out; and sufficient inlet for the pure air from without to come in. You must have open chimneys, open windows or ventilators; no close

curtains round your beds; no shutters or curtains to your windows; none of the contrivances by which you undermine your own health or destroy the chances of recovery of the sick."

\* \* \* \* \*

"Let no one ever depend upon fumigations, 'disinfectants,' and the like for purifying the air. The offensive thing, not its smell, must be removed. A celebrated medical lecturer began one day, 'Fumigations, gentlemen, are of essential importance. They make such an abominable smell that they compel you to open the windows.' "

\* \* \* \* \*

"True nursing ignores infection except to prevent it. Cleanliness and fresh air from open windows with unremitting attention to the patient, are the only defence a true nurse either needs or asks."

\* \* \* \* \*

"The very first canon of nursing, the first and the last thing upon which a nurse's attention must be fixed, the first essential to a patient, without which all the rest you can do for him is as nothing, with which I had almost said you may leave all the rest alone, is this: To keep the air he breathes as pure as the external air, without chilling him."

\* \* \* \* \*

"The time when people take cold (and there are many ways of taking cold, besides a cold in the nose), is when they first get up after the two-fold exhaustion of dressing and of having had the skin relaxed by many hours, perhaps days, in bed, and thereby rendered more incapable of reaction. Then the same temperature which refreshes the patient in bed may destroy the patient just risen. And common sense will point out, that, while purity of air is essential, a temperature must be secured which shall not chill the patient."

“Of all methods of keeping patients warm the very worst certainly is to depend for heat on the breath and bodies of the sick.”

\* \* \* \* \*

“To be ‘in charge’ is certainly not only to carry out the proper measures yourself, but to see that every one else does so too; to see that no one either wilfully or ignorantly thwarts or prevents such measures. It is neither to do everything yourself nor to appoint a number of people to each duty, but to ensure that each does that duty to which he is appointed.”

\* \* \* \* \*

“Conciseness and decision are, above all things, necessary with the sick. Let your thought expressed to them be concisely and decidedly expressed. What doubt and hesitation there may be in your own mind must never be communicated to theirs.”

\* \* \* \* \*

“What can’t be cured must be endured,” is the very worst and most dangerous maxim for a nurse which ever was made. Patience and resignation in her are but other words for carelessness or indifference—contemptible, if in regard to herself; culpable, if in regard to her sick.”

\* \* \* \* \*

“I would appeal most seriously to all friends, visitors, and attendants of the sick to leave off this practice of attempting to ‘cheer’ the sick by making light of their danger and by exaggerating their probabilities of recovery.”

\* \* \* \* \*

“A sick person intensely enjoys hearing of any material good, any positive or practical success of the right. He has so much of books and fiction, of principles, and precepts, and theories; do, instead of advising him with advice he has heard at least fifty times



before, tell him of one benevolent act which has really succeeded practically,—it is like a day's health to him. You have no idea what the craving of sick with undiminished power of thinking, but little power of doing, is to hear of good practical action, when they can no longer partake in it."

\* \* \* \* \*

"The most important practical lesson that can be given to nurses is to teach them what to observe—how to observe—what symptoms indicate improvement—what the reverse—which are of importance—which are of none—which are the evidence of neglect—and of what kind of neglect. All this is what ought to make part, and an essential part, of the training of every nurse."

\* \* \* \* \*

"Courts of justice seem to think that anybody can speak 'the whole truth, and nothing but the truth,' if he does but intend it. It requires many faculties combined of observation and memory to speak 'the whole truth,' and to say 'nothing but the truth.'

'I knows I fibs dreadful, but believe me, Miss, I never finds out I has fibbed until they tells me so,' was a remark actually made. It is also one of much more extended application than most people have the least idea of."

\* \* \* \* \*

"There may be four different causes, any of which will produce the same result, viz., the patient slowly starving to death from want of nutrition:

1. Defect in cooking;
2. Defect in choice of diet;
3. Defect in choice of hours for taking diet;
4. Defect of appetite in patient.

Yet all these are generally comprehended in the one sweeping assertion that the patient has 'no appetite.' "

\* \* \* \* \*

"If you cannot get the habit of observation one way or other, you had better give up the being a nurse, for it is not your calling, however kind and anxious you may be."

"It appears that scarcely any improvement in the faculty of observing is being made. Vast has been the increase of knowledge in pathology—that science which teaches us the final change produced by disease on the human frame—scarce any in the art of observing the signs of the change while in progress. Or, rather, is it not to be feared that observation, as an essential part of medicine, has been declining?"

"In dwelling upon the vital importance of sound observation, it must never be lost sight of what observation is for. It is not for the sake of piling up miscellaneous information or curious facts, but for the sake of saving life and increasing health and comfort. The caution may seem useless, but it is quite surprising how many men (some women do it too), practically behave as if the scientific end were the only one in view, or as if the sick body were but a reservoir for stowing medicines into, and the surgical disease only a curious case the sufferer has made for the attendant's special information."

\* \* \* \* \*

"Pathology teaches the harm that disease has done. But it teaches nothing more. We know nothing of the principle of health, the positive of which pathology is the negative, except from observation and experience. And nothing but observation and experience will teach us the ways to maintain or to bring back the state of health."

“Unnecessary noise, then, is the most cruel absence of care which can be inflicted on the sick or well. Unnecessary (although slight) noise injures a sick person much more than necessary noise, of a much greater amount. A good nurse will always make sure that no door or window in her patient’s room shall rattle or creak; that no blind or curtain shall, by any change of wind through the open window, be made to flap. If you wait till your patients tell you of these things, where is the use of their having a nurse.”

\* \* \* \* \*

“Always sit within the patient’s view, so that when you speak to him he has not painfully to turn his head round in order to look at you. Everybody involuntarily looks at the person speaking. If you make this act a wearisome one on the part of the patient, you are doing him harm.”

\* \* \* \* \*

“Volumes are now written and spoken upon the effect of the mind upon the body. Much of it is true. But I wish a little more was thought of the effect of the body on the mind. \* \* \* A patient can just as much move his leg when it is fractured, as change his thoughts when no external help from variety is given him. \* \* \* It is an ever-recurring wonder to see educated people who call themselves nurses, acting thus. They vary their own objects, their own employments, many times a day; and while *nursing* (?) some bedridden sufferer they let him lie there staring at a dead wall, without any change of object to enable him to vary his thoughts; and it never occurs to them, at least to move his bed so that he can look out of the window.”

\* \* \* \* \*

“It is often thought that medicine is the curative process. It is no such thing; medicine is the surgery of functions, as surgery proper is that of limbs and



organs. Neither can do anything but remove obstructions; neither can cure. *Nature alone cures.*”

\* \* \* \* \*

“A celebrated man has told us that one of the main objects in the education of his son, was to give him a ready habit of accurate observation, a certainty of perception and that for this purpose one of his means was a month’s course as follows: He took the boy rapidly past a toy-shop; the father and son then described to each other as many of the objects as they could, which they had seen in passing the windows, noting them down with pencil and paper and returning afterward to verify their own accuracy. I have often thought how wise a piece of education this would be for higher objects; and in our calling of nurses the thing itself is essential. For it may safely be said not that the habit of ready and correct observation will by itself make us useful nurses, but that without it we shall be useless with all our devotion.”

\* \* \* \* \*

“It seems a commonly received idea among men and even among women themselves that it requires nothing but a disappointment in love, the want of an object a general disgust, or incapacity for other things, to turn a woman into a good nurse. This reminds one of the parish where a stupid old man was sent to be schoolmaster because he ‘was past keeping the pigs’.”

\* \* \* \* \*

“And remember every nurse should be one who is to be depended upon, in other words, capable of being a ‘confidential’ nurse. She does not know how soon she may find herself placed in such a situation; she must be no gossip, no vain talker; she should never answer questions about her sick except to those who have a right to ask them; she must, I need not say, be strictly sober, and honest; but more than this, she

must be a religious and devoted woman; she must have a respect for her own calling because God's precious gift of life is often literally placed in her hands; she must be a sound and close and quick observer; and she must be a woman of delicate and decent feeling."

\* \* \* \* \*

"The everyday management of a large ward let alone of a hospital—the knowing what are the laws of life and death for men and what the laws of health for wards—are not these matters of sufficient importance and difficulty to require learning by experience and careful inquiry, just as much as any other art? They do not come by inspiration to the lady disappointed in love, nor to the poor workhouse drudge hard up for a livelihood."

\* \* \* \* \*

"To revert to children. They are much more susceptible than grown people to all noxious influences. They are affected by the same things, but much more quickly and seriously, viz., by want of fresh air, or proper warmth, want of cleanliness, in house clothes, bedding or body, by startling noises, improper food, or want of punctuality; by dulness and by want of light; by too much or too little covering in bed; or when up, by want of the spirit of management generally in those in charge of them. One can therefore, only press the importance, as being yet greater in the case of children, greatest in the case of sick children, of attending to these things."

# The Nightingale Training School For Nurses

## Chapter IV.

Deep as was the desire of Miss Nightingale to institute plans for the training of hospital nurses, her health, after her return from the army service, was so impaired, that to undertake the task herself was impossible. The fund of \$250,000 had been placed in charge of a board of trustees and invested for the purpose of establishing a school of which she expected to be the superintendent. Her health, however, grew worse rather than better, and after two years had passed, she wrote to the Chairman of the Council of the Nightingale Fund, of her inability to carry out the plans. It became necessary to find other persons through whom she might work, without having to carry the everyday details. Her choice fell on St. Thomas' Hospital—largely because “the matron of the hospital, Mrs. Wardroper, was a woman after Miss Nightingale's own heart, strong, devoted to her work, devoid of all self-seeking, full of decision and administrative ability.” Of this remarkable woman, Mrs. Wardroper, who for twenty-seven years was superintendent of the Nightingale School, Miss Nightingale has left a character sketch:

\*“I saw her,” she says, “first, in October, 1854, when the expedition of nurses was sent to the Crimean war. She had been then nine months matron of the great hospital in London, of which for 33 years, she remained head, and reformer of nursing. Training was then unknown; the only nurse worthy of the name that could be given to the expedition was a ‘Sister’ who had been pensioned some time before and who proved invaluable. I saw her next after the conclusion of the war. She had already made her mark; she had weeded



out the inefficient, morally and technically; she had obtained better women as nurses; she had put her finger on some of the most flagrant blots, such as the night nursing, and where she laid her finger, the blot was diminished as far as possible, but no training had yet been thought of.

“Her power of organization, her courage and discrimination in character, were alike remarkable. She was straightforward, true, upright. She was decided. Her judgment of character came by intuition, at a flash, not by much weighing and consideration. Yet she rarely made a mistake, and she would take the greatest pains in her written delineations of character required for record, writing them again and again in order to be perfectly just. She was free from self-consciousness; nothing artificial about her. She did nothing, and abstained from nothing because she was being looked at. Her whole heart and mind were in the work she had undertaken.

“She was left a widow at 42 with a young family. She had never had any training in hospital life for there was none to be had. Her force of character was extraordinary. Her word was law. \* \* \* She knew what she wanted and did it. She was a strict disciplinarian; very kind, often affectionate rather than loving. \* \* \* She was a thorough gentlewoman, nothing mean or low about her; magnanimous and generous rather than courteous. All this was done quietly. She had a hard life but never proclaimed it. What she did was done silently.”

Such was Miss Nightingale's estimate of the first superintendent of a training school for nurses organized according to her own ideas. Mrs. Wardroper retired in 1887 and died in 1892. The plans for the training school were of Miss Nightingale's making—the

\*British Medical Journal, Dec. 31, 1892.

carrying of them out devolved almost wholly on Mrs. Wardroper, and on the Resident Medical Officer of the hospital, R. G. Whitfield.

There were two essential principles to the plan: The nurses were to have their technical training in hospitals specially organized for the purpose. They should live in a home fit to form their moral life and discipline. Plans for lectures were carefully made and carried out, and a "Monthly Sheet of Personal Character and Acquirements" of each nurse was arranged by Miss Nightingale herself, for the Matron to fill in. The character record was to be noted under five heads: punctuality, quietness, trustworthiness, personal neatness and cleanliness, and ward management.

The records in regard to nursing technique were made out on forms carefully prepared by Miss Nightingale under numerous headings, with copious sub-headings. At her request, the Resident Medical Officer prepared a form of General Directions which were to aid the nurses in taking notes of the medical and surgical cases in the hospitals.

The school opened June 24th, 1860. The course of training was to extend over one year. The writer has in her possession a copy of the first set of "Rules and Regulations for Probationers Under the Nightingale Fund"—and they bear a close resemblance to regulations in force today. She laid foundations which have stood the test of time.

In the first report of the Committee in charge of the training school, one finds the details of the qualifications expected, set forth as follows, with the added statement that all important details for the working of the plan have been suggested by Miss Nightingale, or submitted to her for approval:

“DUTIES OF PROBATIONERS UNDER THE  
NIGHTINGALE FUND.”

You are required to be

Sober  
Honest,  
Truthful  
Punctual  
Quiet and Orderly.  
Cleanly and Neat.

You are expected to become skilful in—

1. In the dressing of blisters, burns, sores, wounds, and in applying fomentations, poultices, and minor dressings.

2. In the application of leeches, externally and internally.

3. In the administration of enemata for men and women.

4. In the management of trusses and appliances in uterine complaints.

5. In the best method of friction to the body and extremities.

6. In the management of helpless patients, i. e., moving, changing, personal cleanliness, of feeding, keeping warm (or cool), preventing and dressing bed-sores, managing position of.

7. In bandaging, making bandages and rollers, lining of splints, etc.

8. In making the beds of patients, and removal of sheets whilst patient is in bed.

9. You are required to attend at operations.

10. To be competent to cook gruel, arrowroot, eggflip, puddings, drinks for the sick.



11. To understand ventilation, or keeping the ward fresh by night as well as by day; you are to be careful that great cleanliness is observed in all the utensils; those used for the secretions as well as those required for cooking.

12. To make strict observation of the sick in the following particulars:

The state of secretions, expectorations, pulse, skin, appetite; intelligence, as delirium or stupor; breathing, sleep, state of wounds, eruptions, formation of matter; effect of diet or of stimulants, and of medicine.

13. And to learn the management of convalescents.

### IDEALS OF TRAINING.

Her ideals of training, what she hoped training might accomplish, are embodied, in part at least, in the following quotations from her writings at a later period.

What is training? Training is to teach the nurse to help the patient to live. Nursing the sick is an art and an art requiring an organized practical and scientific training; for nursing is the skilled servant of medicine, surgery and hygiene. A good nurse of twenty years ago had not to do the twentieth part of what she is required by her physician or surgeon to do now; and so after the year's training she must be still training under instruction in her first and even second year's hospital service. The physician prescribes for supplying the vital force, but the nurse supplies it.

Training is to teach the nurse how God makes health and how He makes disease.

Training is to teach a nurse to know her business, that is to observe exactly in such stupendous issues as life and death, health and disease.

Training has to make her not servile, but loyal to medical orders and without the independent sense or energy of responsibility which alone secures real trustworthiness.

Training is to teach the nurse how to handle the agencies within our control which restore health and life, in strict intelligent obedience to the physician's or surgeon's power and knowledge, how to keep the health mechanism prescribed to her in gear.

Training must show her how the effects on life of nursing may be calculated with nice precision, such care or carelessness, such a sick rate, such a duration of case, such a death rate."

In 1871, St. Thomas' Hospital removed to the large new buildings in its present location near the Houses of Parliament, London, and with the occupation of the new building, the number of nurses and probationers in the Nightingale School greatly increased. New problems in management were created and Miss Nightingale feared that her high ideals for the nurses were not being realized as fully as she desired. Her health having improved, she determined on a closer supervision of the school, by herself. One result of this supervision, as she herself afterward stated, was that "the training school became a Home—a place of moral, religious and practical training—a place of training character, habits, and intelligence, as well as of acquiring knowledge." She knew as much, probably, as any hospital superintendent knows today, of the problem of securing the right kind of young women to be trained, and she was fully convinced that a good nurse must be first of all a good woman. When applications came to her from smaller cities and towns for trained nurses to take charge of the nursing, she was accustomed to reply, "Have you sent me any probationers? I can't stamp material out of the ground."

Her character sketches, as preserved among her papers, of some of the probationers she had to deal with in those days, show her keen insight into human nature. "Miss A. Tittupy, flippant, pretension-y, veil down, ambitious, clever, not much feeling, talk-y, underbred, no religion, may be persevering from ambition to excel but takes the thing up as an adventure." "Nurse B. A good little thing, spirited, too much friends with G., shares in her flirtations." "Miss X. More cleverness than judgment, more activity than order, more hard sense than feeling, never any high view of her calling, always thinking more of appearances than of the truth, more flippant than witty, more petulance than vigor." These are typical of her notes written after personal conversation with different probationers. The great necessity of some such notes is shown in the enormous demand that had been created for trained nurses for other hospitals—to fill responsible positions where they would have the choosing and training of other nurses. These demands came to her unceasingly in the earlier years of trained nursing.

Through her influence an assistant superintendent of the Nightingale training school had been appointed to whom was given the title of Home Sister. The duties of the Home Sister were varied, but among other things she was expected to supplement the lectures and bedside teaching and demonstration by regular classes. She was also to "encourage general reading, to arrange Bible classes, to give wider interests to the nurses," in order, as Miss Nightingale said, to keep them above the mere scramble for a remunerative place. She regarded the influence of the Home Sister on the moral and spiritual side of the school as more important than her technical instruction.

It is stated that the besetting sin of the Nightingale Nurses in those earlier days was self-sufficiency.



“They knew, says a writer, “that their training school was the first of its kind, and they were apt to give themselves airs.” This tendency in them was vigorously combated by Miss Nightingale. The picking and choosing of places or cases in order to select the one which afforded the prospects of an easy time, she especially condemned.

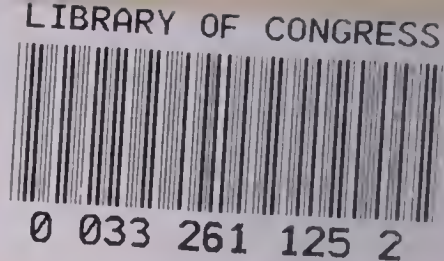
“Our brains are pretty nearly useless,” she said, in one of her annual addresses to the nurses, “if we only think of what we want and should like ourselves; and not of what posts are wanting *us*, or what our posts are wanting *in* us. What would you think of a soldier who, if he were put on duty in the honorable post of difficulty, as sentry, may be, in the face of the enemy (and we nurses are always in the face of the enemy, always in the life and death of our patients)—were to answer his commanding officer, ‘No, he had rather mount guard at the barracks or study musketry;’ or if he had to go as pioneer, or on a forlorn hope, were to say, ‘no that don’t suit my turn’.”

It was her custom for some years to issue an annual address to the nurses of the Nightingale School, and for many years the authorities of the school insisted on every probationer studying the first of these addresses, issued in 1872, the year in which she began her closer supervision of the details of training. In these addresses she dwelt strongly on the ideals of nursing she had from the beginning—that it requires a strong sense of vocation or a special call; that it needs a religious basis; that it is an art; that there must be constant progress or stagnation; that the nurse should be extremely careful of her moral influence. She had no use for the woman who thought she was making a sacrifice in taking up nursing; nor for the woman who thought any kind of service which had to do with nursing was beneath her—neither had

she any patience with the sentimental "ministering angel" type of nurse. "If we have not true religious feeling and purpose," she said in one of her addresses, "hospital life, the highest of all things *with* these becomes *without* them, a mere routine and bustle and a very hardening routine and bustle."

No one who studies Miss Nightingale's life and ideals can be left in doubt, that, in her mind, in the choice of nurses, the first and greatest thing to be considered was the character of the applicant. She did not undervalue education but she believed that the spirit of the woman was of supreme importance.

It is absolutely certain that it was not her medical or surgical knowledge, (though this was in advance of the times) that accounted for the remarkable and enduring influence which she exerted, *and is still exerting*—even though we may seem to have shifted the emphasis from some things which to her were of tremendous importance, and placed it on other things which, to her mind, were of secondary consideration. It is an interesting exercise to analyze the varying qualities in her great and beautiful life which still exerts its influence on countless other lives. But after all, the secret of her success must be summed up in that combination of qualities, that subtle something which we call Personality. Her studious avoidance of honors of all kinds, her purity of motive, the absolute lack of self-seeking, of honor, prestige or profit for herself, her courage, tact and quiet perseverance are qualities on which nurses of the twentieth century may wisely meditate. Nothing is more needed among nurses today, than that her spirit, her ideals of life and character, may be perpetuated. Few of us can render any greater service to our generation than to exert ourselves to keep her spirit alive in the nursing profession.



Author's note.—For many of the facts, which form the foundation of this sketch, the author is indebted to the authorized biography entitled "The Life of Florence Nightingale," by Sir Edward Cook, published in two volumes by the McMillan Co., 1913. Quotations have been made from clippings, in several instances, in which the name of the journal in which they first appeared has been lost. Grateful acknowledgment is hereby made for all such unknown sources of aid used in preparing these biographical notes.